

SEP 26 2006

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DATE: SEPTEMBER 26, 2006

FACSIMILE TRANSMITTAL SHEET

TO: Examiner Anne Marie M. Boehler	COMPANY: U.S. Patent & Trademark Office	FAX NUMBER: 571-273-8300	PHONE NUMBER: 571-272-6641
FROM: John P. Blasko	PHONE NUMBER: EMAIL: (609) 895-6639 jblasko@foxrothschild.com	BILLING NUMBER: 1149	
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NOTES/COMMENTS:

US Patent Appln 10/763,797; filed January 23, 2004; Smollock et al. ; for "Transport System for Portable Auger".

1. Transmittal Form (1 page);
2. Response under 37 CFR § 1.113(C) and 1.116 (8 pages); and
3. Fee Transmittal.

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LV1 429958v1 09/26/06

SEP 26 2006

PTO/SB/21 (07-06)

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TRANSMITTAL
FORM

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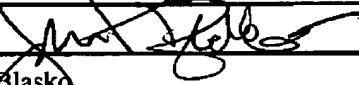
Total Number of Pages in This Submission

Application Number	10/763,797
Filing Date	January 23, 2004
First Named Inventor	Michael J. Smollock
Art Unit	3611
Examiner Name	Boehler, Anne Marie M.
Total Number of Pages in This Submission	9
Attorney Docket Number	MK-01

ENCLOSURES (Check all that apply)

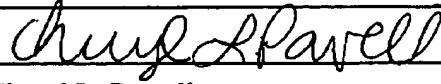
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fox Rothschild, LLP		
Signature			
Printed name	John P. Blasko		
Date	September 26, 2006	Reg. No.	31,149

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SEP 26 2006
Attorney Docket No. MK-01**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:	:	
Michael J. Smollock	:	
Application No.: 10/763,797	:	Group Art Unit: 3611
Filed: January 23, 2004	:	Examiner: Boehler, Anne Marie M.
For: TRANSPORT SYSTEM FOR PORTABLE AUGER	:	
	X	

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RESPONSE UNDER 37 CFR § 1.113(C) AND 1.116

This paper is being filed in response to the Final Office Action mailed August 10, 2006.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

CERTIFICATE OF MAILING/TRANSMISSION 37 C.F.R. Section 1.8(a)

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Cheryl L. Powell
 Printed Name

Cheryl Powell September 26, 2006
 Signature Date

LV1 429889v1 09/26/06

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PTO/SB/17 (07-06)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

Application Number	10/763,797
Filing Date	January 23, 2004
First Named Inventor	Michael J. Smollock
Examiner Name	Boehler, Anne Marie M.
Art Unit	3611
Attorney Docket No.	MK-01

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-1943 Deposit Account Name: Fox Rothschild, LLP

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
20	- 20 or HP = 0	x	= 0.00	50	25
HP = highest number of total claims paid for, if greater than 20.				200	100

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
20 - 20 or HP = 0	x	= 0.00	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3 - 3 or HP = 0	x	= 0.00	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	/ 50 =	(round up to a whole number)	x	= 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fee Paid (\$)

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		31,149	609-895-6639
Name (Print/Type)	John P. Blasko	Date	September 26, 2006

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